



# LOS ANGELES COUNTY COMMISSION ON HIV

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## EXECUTIVE COMMITTEE MEETING MINUTES

February 28, 2011

Approved  
4/4/2011

MEMBERS PRESENT	MEMBERS ABSENT	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Carla Bailey, <i>Co-Chair</i>	Michael Johnson, <i>Co-Chair</i>	Kyle Baker	Jane Nachazel
Robert Butler	Sergio Aviña	Michael Green	Glenda Pinney
Fredy Ceja	Al Ballesteros		Jim Stewart
Brad Land	Nettie DeAugustine		Craig Vincent-Jones
Ted Liso	Angélica Palmeros	<b>PUBLIC</b>	
Jenny O'Malley	Fariba Younai	Miki Jackson	
Mario Pérez			
Stephen Simon			

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- 8) **Summary:** Consumer Caucus Meeting, 1/31/2011
- 9) **Letter:** Hon. Diana Dooley, 2/22/2011
- 10) **Letter:** Mitchell H. Katz, MD, 2/23/2011

1. **CALL TO ORDER:** Ms. Bailey called the meeting to order at 10:10 am.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve the 1/31/2011 Executive Committee Meeting minutes (*Passed by Consensus*).
4. **PARLIAMENTARIAN REMARKS:** There was no report.
5. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
6. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
7. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
8. **CO-CHAIRS' REPORT:**  
A. **Executive Committee Work Plan:** Mr. Vincent-Jones reported work plans are being done this month.

- B. **Commission FY 2010 Work Plan:** Mr. Vincent-Jones reported the finalized Plan will show work completed in preparation for the Executive Committee's annual evaluation of Commission work.
- C. **Commission FY 2011 Work Plan:** Mr. Vincent-Jones noted three sets of committee co-chairs are new and draft plans should be presented to committees. Consequently, it was not realistic to present at the March Commission meeting.
- D. **Reorganization Plan:** Mr. Vincent-Jones noted revision continues, including identifying a better term than "reorganization."
- E. **Strategic Planning Work Group:**
  - Mr. Vincent-Jones clarified strategic planning is a process to review the internal structure and purpose of the Commission. It was last done about three years ago and should be updated in lieu of system changes.
  - ➡ Staff will coordinate a meeting with members: Messrs. Butler, Land, Liso and Ms. O'Malley. Mr. Vincent-Jones will recruit a co-chair from the Standards of Care (SOC) Committee.
- F. **Committee Co-Chair Roster:** While not required, the By-Laws provide the opportunity for the Executive Committee to approve committee co-chairs. The Committee roster was presented as three committees have elected new co-chairs.  
**MOTION #3:** Approve the committees' elections of their co-chairs, as presented (***Passed by Consensus***).

9. EXECUTIVE DIRECTOR'S REPORT:

A. **Monthly Priority Task List:**

- Mr. Vincent-Jones has continued to improve the format per Committee suggestions. The first page now lists his preferred priorities, followed by a compilation of all FY 2011 ongoing priorities and ending with FY 2010 tasks completed from inception of the list in August to the end of FY 2010. The FY 2010 completed task list will be replaced by a FY 2011 completed task list starting with the April meeting. Routine tasks such as minutes are not listed.
- Most target dates are estimated, but Mr. Vincent-Jones will be identifying those required by HRSA, the Executive Office or other sources. He also compares estimates of the time needed with the amount of time used for completed tasks to better present how time has been allocated to tasks and to improve estimations of time needed for tasks in the future.
- Mr. Vincent-Jones prioritized tasks as noted:
  1. **Health Insurance Premiums/Cost-Sharing (HIP/C-S) Focus Groups:** The transcripts are approximately 95 pages long, and is taking longer than anticipated to comb through them. Once the transcripts have been finalized, a summary will be prepared. Mr. Vincent-Jones had a conference call with Julie Cross and Jeff Goodman about preparing a summary.
  2. **Commission New Member Training:** The Commission Handbook and Orientation Presentation are needed for the first of two trainings which is scheduled to follow the March Commission meeting. The second training will focus on committees and follow the April Commission meeting. Committee handbooks are done, but need to be updated and Mr. Vincent-Jones will meet with co-chairs to review presentations on their committees prior to April.
  3. **Purchase Orders (PO):** Mosaica, Compass, Judy Walker/Mari Fukuyama, and the Assessment of the Administrative Mechanism (AAM) RFP Scope of Work are at various stages of completion. The Auditor-Controller instituted a new PO process for the Executive Office which takes longer than it has in the past.
  4. **Standards of Care Publication:** Comprehensive Standards of Care Production (Editing/Design); Special Population Guidelines (Final Edits); Pol. #05.8001: Grievance Procedures for Consumers and Stakeholders; Pol. #05.7601: Criteria and Description of "Special Populations"; Continuum of Care, Final Description and Program/Planning Brief are all needed for publication. The various components are being developed simultaneously.
  5. **Evaluation of Service Effectiveness (ESE):** This project includes the final Provider Surveys and Data-populated Capacity Resource Model. Edits are done on the surveys. While later than anticipated, the timing will provide a good baseline for evaluating system changes to medical services in future.
  6. **Co-Chair Training:** This is part of the Comprehensive Training Program and especially apt in lieu of the many new committee co-chairs. Mr. Vincent-Jones and Mr. Stewart are developing the two-hour curriculum which includes parliamentary procedures, review of the Brown Act and leadership techniques to move work forward.
  7. **FY 2011 Work Plan:** FY 2010 Commission Work Plan Evaluation, FY 2011 Commission Work Plan and Annual Functional Calendar are being developed with the goal of presentation at the April Commission meeting.
- Mr. Stewart noted March priorities represent 94 days of work. Mr. Vincent-Jones clarified that times are estimates and some projects include work by others, e.g., Phil Meyer is assisting with Special Population Guidelines work.

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- New or changed items on the general priorities list are in red. The one new item is the Health Care Reform Summit, directed by the Commission at its February meeting. Planning has begun.
- Mr. Land asked when the Community Mobilization Form for the database would be available on the website. Mr. Vincent-Jones noted ISD loads items onto the website which can lead to some delays. It should be uploaded soon.
- He noted discussion at the Commission and Caucus about producing a bi-lingual form. The Commission produces Spanish language translations of select documents, but cannot be fully bi-lingual which a Spanish language form would imply. Those unable to read an English language form would struggle to actively participate in mobilization activities.
- ➡ Add question to Community Mobilization Form to indicate primary language.

### 10. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

- Mr. Pérez reported that on 2/22/2011 the Department of Public Health (DPH) announced the integration of OAPP, the HIV Epidemiology Program (HEP) and the STD Program, effective immediately. Dr. Jonathan Fielding, Director, DPH, will release a memorandum soon, hopefully by the end of the day. Dr. Fielding feels integration offers efficiency opportunities in an environment of shrinking resources.
- Mr. Pérez will be the Director of the integrated program. Structure and core functions to reduce disease burden are being developed. He noted existing crossover, e.g., OAPP already does STD programming and the STD Program does HIV work. Data shows those with STDs are at greater risk for HIV and many PWH in the RW system, particularly Latino MSM, present with STDs. The top County STDs are chlamydia, gonorrhea, HIV and syphilis, so joint work should increase effectiveness.
- Work on the MOU was put on hold per DPH request to consider planning functions given the integrated program.
- Mr. Vincent-Jones noted the HRSA Project Officer said she would visit the area in April and hoped she might attend the Commission meeting. Dr. Green said she has not finalized plans, but hopes to coordinate with the April meeting.
- Dr. Green reported OAPP received a partial notice of award for Part A and MAI on 2/25/2011. All jurisdictions are receiving 50% of their FY 2010 formula and MAI funding due to Congress' Continuing Resolution (CR). That amounts to slightly over \$13 million for the County. The next portion of the award may be partial if there is another CR or it may be complete. HRSA's technical review and application score will not be received until after the final notice of grant award is received.
- ➡ Mr. Vincent-Jones, Commission C-Chairs and Mr. Pérez will discuss how to address the MOU going forward.
- ➡ Dr. Green will update information on the HRSA Project Officer's site visit as it becomes available.

### 11. HIV EPIDEMIOLOGY REPORT: Mr. Vincent-Jones noted that membership seats might be affected with the change to the OAPP and HIV Epi Program structures.

- ➡ Refer conversation about the HIV Epidemiology Program representative seat to the Operations Committee after discussion with OAPP.

### 12. TASK FORCE REPORTS:

- A. Health Care Reform (HCR) TF Recruitment:** Mr. Vincent-Jones reported an initial member list. The first meeting should be scheduled in the following two weeks with a focus on defining issues and topics. A separate discussion for the JPP and HCR TS co-chairs has been coordinated to clarify how the two groups will communicate.
- B. Commission/PPC Integration TF Report:**
  - Mr. Vincent-Jones said the TF first reviewed the TLC+ topic list presented at the Annual Meeting to identify which were specific to care, which to prevention and which to both with the intention of focusing on the latter, but found all had both components. It will use the next meeting to identify issues within each topic and how to develop them into a work plan.
  - The TF spoke with Doc Klein who will work with the PPC at the 4/7/2011 meeting and the following day PPC meeting, as he did with the Commission, to develop its prevention continuum. Mr. Butler said PPC members were excited about the presentation and felt it could contribute significantly to an integrated Continuum of Care and Prevention. The Commission is assisting with PPC meeting logistics.
- C. Comprehensive Care Planning TF Report:**
  - Mr. Vincent-Jones noted there was an IT problem sending the meeting agenda, although it was posted, so the 2/22/2011 meeting was cancelled. The TF has planned one or two conference calls during each month and those are being scheduled.

- ➡ Mr. Baker cannot attend the meeting on a regular basis due to an ongoing scheduling conflict but asked to remain on the public notification list.

**13. CAUCUS REPORTS:**

**A. Consumer Caucus:**

1. **Community Mobilization Plan:** Mr. Land reported the plan has been completed. Members will begin community presentations to explain it and encourage people to sign up for the database as soon as the form is on the website.
2. **HIV Services Roundtable Schedule:**
  - The SPA 6 Roundtable is scheduled for 4/20/2011. Logistics are being developed.
  - Mr. Pérez noted the 1/31/2011 Meeting Summary references “advertising.” He recommended caution so as not to risk conflict of interest. Mr. Vincent-Jones replied that any advertising intended would be donated, as the Commission has not allocated resources for it.

**B. Latino Caucus:**

1. **Latino Caucus Work Plan:** The Plan will be presented for approval at the 3/10/2011 Commission meeting.

**14. PREVENTION PLANNING COMMITTEE (PPC) REPORT:**

- Dr. Green reported the PPC kicked off work on its Prevention Plan with its Annual Planning Meeting on 2/3/2011. It is using an expanded comprehensive HIV planning approach unusual among jurisdictions. The meeting provided an entire day of updates on such topics as epidemiology, prevention interventions highly recommended by the CDC, and how those have been rolled out in the County, and topics for further discussion from the National HIV/AIDS Strategy (NHAS).
- CDC Prevention Plan guidance is expected in the next few months. This work offers a planning basis for any such guidance.

**15. STANDING COMMITTEE REPORTS:**

**A. Priorities and Planning (P&P):**

**1. FY 2010 Allocation Revisions:**

- Mr. Land reported OAPP recommended allocation of about \$1.3 million in Part A/B underspent funds to Residential Care and expansion of three MAI categories to four with the addition of Transitional Case Management (TCM) to absorb about \$1 million in MAI funds resulting from a five-month overlap of the old and new cycles.
- P&P considered both recommendations at length. It agreed to the allocation for Residential Care so long as NCC funding is maintained for care and treatment services per the financial expenditures report.
- P&P felt the MAI plan should be maintained and instead allocated funds to Oral Health Care for capacity building based on the continuing severe need, documented by OAPP’s presentation to the P&P Committee at its prior meeting. It requested more information about the TCM funding request for future consideration.
- Regarding the SAM allocation, Mr. Vincent-Jones noted the Commission neither controls nor plans for NCC. In allowing the Part A/B allocation to Residential Care provisional on the maintenance of the NCC commitment, however, it creates a framework to maintain NCC care and treatment.
- He noted Residential Care was funded before solely with NCC to streamline funding from one source and to avoid the HRSA two-year service limitation, as recommended by OAPP. Dr. Green said HRSA has backed away from the limitation and services are consistent with HRSA service categories. The allocation shift is temporary to spend down SAM Care by 6/30/2011.
- Mr. Vincent-Jones continued P&P was concerned some \$1.3 million in FY 2010 underspending remained after FY 2010 Part A underspending revisions were implemented and despite County absorption of previously State-funded services. Meanwhile, Benefits Specialty will only have spent about \$100,000 by fiscal year’s end; HIPP/C-S has not been implemented; and no Part A and only part of MAI allocated funds have been spent on Early Intervention Services (EIS).
- Mr. Pérez said over \$40 million per year is invested in care and treatment. The investment practice was changed a few years ago from allowing allocations to exceed known resources to not allow “over-contracting.” The previous practice minimized underspending, yet the \$1.3 million only represents 5% of total resources underspent because providers have not fully expended contracts.
- Mr. Vincent-Jones responded that the Commission understands that there will always be some residual underspending at the end of the fiscal year, which is why it re-allocates underspent funds annually. ). He added that the 5% underspending rate did not reflect significant, unanticipated cost increases in some service

categories—such as medical outpatient—to which the Commission already allocated underspent funds. The 5% underspending rate does not account for underspent funds already allocated and unanticipated costs in other categories, and would have actually been much higher if those factors had been factored in.

- He added that the P&P Committee expressed more concern when whole categories are not implemented, such as Benefits Specialty—which was only contracted in the final two months of the fiscal year after two years of allocations and the withdrawal of the RFP, or HIP/C-S and Part A Early Intervention Services (EIS).
- Mr. Pérez said that investing additional resources in oral health care is a different resource issue. OAPP has dramatically increased investment pushing up capacity with new providers, reimbursement for endodontic procedures, more invasive procedures, reimbursement for expanded laboratory costs. It has not always seen a commensurate increase in productivity, clients served and visits provided. OAPP is concerned a \$1 million increase may not fund an equivalent capacity increase. Dr. Green, Chief, Planning Division, and Carlos Vega-Matos, Chief, Care Division, are working with providers, but capacity increase takes time.
- Mr. Vincent-Jones said P&P shared OAPP's evaluation that current oral health care provider capacity may be at its limit, which is why the P&P Committee chose to re-allocate additional MAI resources for oral health capacity building. He noted that the P&P Committee was impressed by Mr. Vega-Matos' oral health presentation, which clearly underscored the need for significant additional oral health resources to all present, including OAPP staff. He added that there is consensus from consumer input that services do not yet meet the demonstrated need.
- He went on to say that it did not escape the Committee's attention that de-funding of DentiCal and HCR implementation—when it is estimated that 70% of Ryan White patients may be migrated to Medi-Cal-funded medical care—oral health care may be the Ryan White system's primary medical service. He added that the original MAI plan includes a focus on oral health education and routine care, which OAPP reported have not been implemented.
- Given the additional funds due the five-month overlap of MAI cycles, the P&P Committee felt the resulting funds present the system with a unique opportunity to enhance the system's overall oral health capacity, and that OAPP would have a year in which to do it. He indicated that the Committee acknowledged that funds might be needed to expand the staffing and or equipment/facility capacity at existing providers, or to bring new providers on board, and noted that Dr. Green reported that OAPP had identified potential new providers and a more expedient contracting process following the oral health presentation to the P&P Committee.
- The P&P Committee also felt that it was given insufficient information to merit changing the carefully considered MAI plan by adding another service category, especially given that the Committee had decided less than a year earlier that, due to implementation delays, the original MAI plan could not be properly evaluated yet.
- The P&P Committee's concern was exacerbated by current Part A underspending in the TCM service category and by the approved Board action to allocate \$1+ million in NCC funds for additional TCM services, which had been requested in OAPP's Board letter. The Committee concluded that the re-allocation of MAI funds for TCM could be considered "supplanting funds," in light of the Board letter and subsequent action and with no additional information about how OAPP intended to implement new TCM services.
- Mr. Vincent-Jones concluded that the P&P Committee remains open to allocating more resources for TCM, if appropriate, and left the door open to consider the possibility—if given more information—to do so with FY 2011 Part A funds when it revises the allocations or as it allocates FY 2012 Part A funds.
- Ms. Jackson expressed concern that the NCC commitment to care and treatment services in the Maintenance of Effort (MOE) has declined for care and treatment by approximately \$7 million in the last three or four years. She also expressed concern about efforts to marginalize the Commission, citing information heard in the community that OAPP has prepared a priority- and allocation-setting RFP for UCLA.
- Mr. Land expressed similar concerns about the Board Letter regarding TCM since neither commitments to the Sheriff's Department nor the Board Letter had been discussed with the P&P Committee, and should have been if they involved Part A/B resources. He added that those commitments raised concerns in light of service categories not implemented to which funds have been allocated. He counseled that transparency is important to effective decision-making. He and Mr. Ballesteros, the new P&P Co-Chairs, intend to emphasize absolute transparency in the priority- and allocation-setting process going forward.
- Mr. Pérez agreed HIP/C-S is not yet in place, but Benefits Specialty contracts were amended and services will stay in place until the RFP is finalized to avoid service gaps. A Benefits Specialty training of all 13 funded providers was planned for March, although there is some delay due to a personal crisis for the trainer.

- Mr. Pérez acknowledged the expressed concern that the level of NCC funding for care and treatment is maintained and noted that it is not his intention to reduce that level of commitment. He felt that OAPP has been more transparent than ever with financial information and new monthly report, and that OAPP has had consistent communication with previous P&P Co-Chairs, and hopes to with the new P&P Co-Chairs.
  - While he did not know where information about efforts to marginalize any planning body came from, Mr. Pérez noted that it is increasingly clear that planning for HIV care and prevention services along a continuum is absolutely necessary. Separate planning for those at risk and those who are HIV+ another is not feasible. Comprehensive planning must address those at risk, undiagnosed, diagnosed, but not in care, and in care, all with different outcomes.
  - He went on to say that it might be addressed through an integrated plan or by looking at planning functions differently. He felt looking more robustly at roles of STDs, substance abuse, mental health and housing in HIV transmission is important, e.g., OAPP has just been invited to participate in LACHAC, after two decades. Good models nationwide offer ideas.
  - Mr. Vincent-Jones pointed out the Commission has strongly voiced and supported the need for a comprehensive care and prevention plan for several years, but, to date, there has been resistance from OAPP and the PPC. He added that the Commission has specifically called for integrated HIV housing planning—in particular the integration of the Ryan White and HOPWA planning and administration—in its current Comprehensive Care Plan. He encouraged Mr. Pérez to repeat his statements at the PPC. An integrated Continuum of Care and Prevention is a good first step, but an integrated plan could underpin comprehensive planning.
  - Mr. Simon asked about the recommendation process. Mr. Vincent-Jones said the P&P recommendation goes to the Commission for approval. It may include directives, as allowed by legislative and HRSA guidance, to best meet need or other factors. Per Commission policy, directives can come in the form of expectations, guidance or recommendations. Given that the P&P Committee reallocation of funds for residential care is contingent upon the maintenance of NCC funding levels for care and treatment, it is an expectation.
- ➡ P&P will provide a memorandum to the Commission on its allocation recommendations.
2. **FY 2011 Financial Expenditures:** P&P is sending a memorandum to OAPP requesting the FY 2010 Annual Report, usually provided in January or February, as required by Board motion several years earlier, and other information.

**B. Operations:**

**1. Membership Nominations:**

- Operations nominated Ted Liso to the Consumer District 3 seat, Jim Chud to the Consumer District 3 Alternate seat, Joseph Green to the Consumer SPA 4 Alternate seat, Alberto Orozco to the Consumer SPA 7 seat, David Kelly to the Consumer SPA 7 Alternate seat, and Kathy Watt to the PPC representative seat to be forwarded to the Commission for approval and submission to the Board for appointment.
2. **Revised Application Materials:** Materials will be ready for the March Commission meeting.
3. **Co-Chair Training:** There was no additional discussion.
4. **Commission New Member Orientation:** There was no additional discussion.

**C. Standards of Care (SOC):**

1. **Grievance Procedure:** There was no additional discussion.
2. **Evaluation/Service Effectiveness (ESE):** There was no additional discussion.
3. **Standards Publication:** There was no additional discussion.

**D. Joint Public Policy (JPP):** Mr. Simon said he and Mr. Butler, Co-Chairs, are reviewing the JPP Work Plan in a continuing effort to streamline JPP work and engage a stronger focus on key issues, such as migration into Medi-Cal managed care.

**1. FY 2011 Budget Strategy:**

- Mr. Vincent-Jones noted the letter to Diana Dooley, Secretary, Health and Human Services (HHS), in the packet. It asks HHS to define the \$16.8 million in anticipated ADAP savings from the ADAP cost-sharing proposal in the Governor's budget, including the amount estimated from people leaving or forced out of the system, the number of such people and estimated "downstream" costs to other health systems both in the near-term as patients access them and in the long-term due to deteriorating health.

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- Although the Senate and Assembly have fortunately rejected the ADAP proposal, the letter is valid to address future budget proposals and/or if this particular proposal should resurface.

2. **Change of Meeting Day/Time:** The meeting has moved from the third to the fourth Wednesday, 2:00 to 5:00 pm.

3. **Miscellaneous:**

- AB 491 (Portantino) sponsored by AHF has been revised to include a 700,000 testing goal proportionate to the NHAS goal, and move prevention dollars with the epidemic. It also includes a provision allowing asymptomatic PWH to enroll in Medi-Cal, which is in law but not implemented.
- Mr. Simon indicated that Mr. Pérez's February Commission meeting comments on DPH collaboration with the Department of Health Services (DHS) were helpful. The JPP Co-Chairs look forward to how they might participate in those discussions.
- Another letter in the packet invites Dr. Mitchell Katz, newly appointed DHS Director, to engage in dialogue with the Commission.

16. **NEXT STEPS:** There was no additional discussion.

17. **ANNOUNCEMENTS:** There were no announcements.

18. **ADJOURNMENT:** The meeting adjourned at 12:05 pm.